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ABSTRACT

Each issue of "PRISE Reporter" offers a feature article on educating handicapped students and provides descriptions of other information sources, continuing and completed research, and promising practices. The December 1987 issue contains an article by Martha Thurlow titled "A Skeleton in Our Closet? The Special Education Dropout," which reviews the incidence of special education dropouts, the reasons for dropping out, and prevention approaches. "Accommodating Difficult-to-Teach Pupils in Regular Education through Prereferral Intervention" (Douglas Fuchs et al., February 1988) defines prereferral intervention and describes its implementation through the use of Mainstream Assistance Teams whose members serve as consultants to classroom teachers. Larry Maheady's March 1988 paper called "Developing Academic and Social Competence Using Peer-Mediated Instruction" offers a rationale supporting social behavior training and outlines two cooperative peer-mediated approaches--classwide peer tutoring and classwide student tutoring teams. In "AIDS Education for Students with Special Needs" (April 1988), Deborah Klein Walker and JoEllen Tarallo provide an overview of the epidemic of Acquired Immune Deficiency Syndrome (AIDS); describe students at risk; and discuss teaching strategies, curriculum issues, and staff issues. Perry Zirkel (May 1988) provides an update on special education law, focusing on discipline, attorneys' fees, "appropriate education," "least restrictive environment," and monetary issues. (JDD)

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PRISE REPORTER

No. 19

December 1987-May 1988

Pennsylvania Resources and Information Center for
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PRISE reporter
issues and happenings in the education of handicapped students
no. 19, December 1987

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A SKELETON IN OUR CLOSET? THE SPECIAL EDUCATION DROPOUT

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Minneapolis, MN

Startling statistics about the numbers of students who leave school before completing their educational programs have made their way into newspaper headlines. National magazines and television programs probe the problems of youth who drop out from school. Major issue papers explore the rates, reasons, and consequences of students dropping out before completion of high school. The Secretary of the U.S. Department of Education keeps a wall chart on which is recorded the graduation rate of each state. In all this excitement, few people have paid attention to the dropout problem among students served in special education programs. Is there a skeleton in our closet?

The question is not an easy one to answer, for the answer depends upon who gets counted as a dropout and how the counting is done. We do know some things about dropouts in general, such as who they are, how many there are, why they drop out, and what happens to them. With this information as a backdrop, we can begin to examine implications for special education, and to look at research in special education that has focused on dropouts. Unfortunately, at the present time there is little published research available on special education dropouts. Still, it is relevant to ask what special education can do about dropouts.

Who Counts as a Dropout?

Some have argued that there are significant definitional problems surrounding the term "dropout," while others have argued that the definition is clear-cut but the measurement of it is not. A definition first proposed in 1963 by the U.S. Office of Education and the National Education Association identified as a *dropout* any pupil who leaves school for any reason except death, before graduation or completion of a program of studies and without transferring to another school. Actually, there are different kinds of dropouts that have at various times been treated as the same. Some dropouts are "stayouts" whereas others are "returnees." Some returnee dropouts are simply "dropins" while others eventually are "completers." Complicating the definitional problems are data problems. One such problem is the lack of national data on dropouts over an extended period of time. Available longitudinal national data exist for related variables, such as graduation rates, which may be based only on the numbers of students on the school rolls in grade 12. Because of the diversity in the procedures for classifying students as dropouts, there is little justification for comparing dropout rates among districts or states.

Who Are the Dropouts?

Numerous studies have identified the characteristics of students who drop out of school. Among those most commonly cited are poor academic performance, tardiness, poor attendance, lack of basic skills (especially reading), poor social adjustment, and low self esteem. Most students who drop out of school quit at age 16, and most have had to repeat grades. Although this pattern of characteristics has been identified in numerous studies, it is important to recognize that not all students with these characteristics will drop out, and not all dropouts will conform to this pattern of characteristics. When comparisons are made between groups, it has been found that students in urban locations more often drop out than students in rural or suburban locations. Students from low socioeconomic status groups more often drop out than others, and blacks and Hispanics more often drop out than whites or Orientals. Links also have been suggested between drugs and dropping out.

How Many Dropouts Are There?

Current national graduation rate data indicate that about 75% of students complete school. Put another way, the current rate translates into nearly one in every four freshman *not* graduating from high school. Dropout rates are alarming in some urban schools where fewer students graduate than drop out.

Why Do Students Drop Out?

Reasons for dropping out of school are relatively consistent. Overall, poor grades constitute the primary reason. Job offers are cited as another reason, most often by males. Nearly a quarter of females cite pregnancy as a reason. Almost one third of those who drop out simply indicate that "school is not for me." Some students may be "counseled out" of school. Most likely, a variety of factors merges to produce a decision to drop out of school.

What Happens to Drop Outs?

Both monetary and social costs have been associated with dropping out of school. Studies have found that unemployment rates are higher and earnings are less for those who drop out. Monetary costs for dropouts include higher welfare expenditures, lost tax revenues, and increased spending related to crime. Social costs include decreased social participation and mobility as well as poorer health. One estimate has placed the cost to taxpayers at $60 million each year over a 40-year period for Chicago's 12,800 dropouts from the class of 1982. This represents $2.5 billion over their lifetimes.

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What Do We Know About Special Education Dropouts?

Only recently have some attempts been made to look at the occurrence of dropouts among handicapped pupils. Dropout rates have been reported for samples of mildly handicapped adolescents in Alabama (42%), Florida (31%), Kansas (26%), Pennsylvania (53%), Vermont (34%), and Washington (42%). Recalling that the comparability across studies is questionable because of different ways of counting dropouts, and because some studies represent urban areas (e.g., Pennsylvania) while others represent suburban or rural (e.g., Vermont) areas, it is still noteworthy that all of the rates reported thus far are above the 25% national average rate. The most recent annual report to Congress (1987) on the implementation of the Education of the Handicapped Act indicates that 21% of handicapped students drop out and 18% leave for other or unknown reasons. The report notes, however, that many of those categorized as leaving for other or unknown reasons probably are dropouts.

It is fairly clear that special education dropouts do not span the range of disabilities. Special education dropouts for the most part are those students whose disabilities are mild. Particularly at risk, as indicated in the federal report, are those in the emotionally disturbed category. Students with more severe disabilities are monitored closely, and have little opportunity to "escape" the system.

What else do we know? Dr. Naomi Zigmond and her colleagues have studied the dropout problem among LD adolescents in an urban school district in Pennsylvania. A dropout rate of 53% was found for LD high school students, compared to 33% for non-LD students in the same district. Approximately two years after graduation (or when graduation should have occurred), 75% of LD graduates had jobs (83% of non-LD graduates), but only 47% of LD dropouts had jobs (50% of non-LD dropouts). Other follow-up studies that have included special education dropouts similarly have found post-school outcomes to be less positive for these youth than for students who graduate or age out (leave at age 21).

In the state of Washington, Dr. Eugene Edgar and his associates have been concerned about those students who drop out or are "elbowed out" of special education. They have found that these individuals have poor community adjustment, with nearly 61% involved in neither employment nor educational activities after leaving school. Edgar argues that learning disabled and behaviorally disordered mildly handicapped students particularly are not being adequately served by our educational programs.

It appears that there is a skeleton in our closet! We must act now to get a better understanding of what happens to students who disappear from our programs without completing them. We also must begin to consider innovative ways to prevent special education students (and others as well) from dropping out.

What Can Special Educators Do About Dropouts?

A range of approaches toward dropout prevention should be considered, from major administrative decisions regarding special education programming to specific interventions that teachers can use with individual students. At the program level, Dr. Edgar has suggested that when special education students reach the secondary level, the focus of the curriculum should shift away from academics toward functional, vocational, and independent living tasks. Others have argued the need for flexible alternative high school programs, such as those for expectant mothers and parents. And, still others have asserted that early identification and intervention are key elements of dropout prevention. Unfortunately, there is little agreement on accurate predictors that could be used to identify who will drop out some time in the future. Since one of the striking characteristics of special education dropouts is "over-age" (due to being retained at one or more grade levels), interventions that reduce the occurrence of retentions (through summer programs, tutoring in basic academics, etc.) are worth further study.

Dr. Zigmond has suggested a more individual approach that stresses keeping youngsters in school by emphasizing their personal responsibility for attending school, by shifting the locus of control from outside to inside the student, and by providing a group support structure and peer network to have a positive impact on students with high absenteeism rates. Many argue that teachers are the single most critical factor in reducing the dropout rate. An effective and caring teacher is important, but the teacher also must help students to believe that school is important and that their presence matters. Recognition of the dropout problem among special education students and attention to interventions to reduce the occurrence of dropouts are beginning steps that we must take to remove the skeleton from our closet.

Martha L. Thurlow is an Associate Scientist in the Department of Educational Psychology at the University of Minnesota. Her most recent research activities have been in the areas of (1) post-school transition of students with handicaps, and (2) classroom variables related to handicapped students' responses to instruction.

VIDEO

The program **Private Sector Involvement in Employment Training** presents a speech given by William Spring, who is the Vice President of the Federal Reserve Bank of Boston and President of the Boston Private Industry Council and the Tri-Lateral Council for Quality Education. Throughout the commentary, Spring recommends that vocational educators work with students for that length of time necessary for mastering skills for employment. He also states that vocational programs should not be used for placing students who cannot achieve in any other programs. Furthermore, Spring believes that there must be measures for assessing output goals for the students in order for industry to believe that they are employable. These goals should include improved attendance, mastering of basic skills, cutting back on dropouts, and success rate in finding jobs and going on to college.

In order to accomplish this, Boston Public Schools hired a full time career specialist, who works on basic skills and job preparation with 60 to 90 students. This specialist is responsible for job development, job placement, and on the job counseling which extends through the first year of employment after graduation. Finally, Spring believes that the relationship between the employing sector and the schools is very important in order for schools to be successful. The schools need to be measurable by standards that everyone agrees are accurate, and vocational programs should involve chief executive officers of the private sector. To achieve this, the Boston Public Schools have formed the "Boston Compact" with employers, colleges, and unions. The commentary is followed by a brief question and answer period concerning aspects of the Boston Public School model.

1/2" Videocassette/60 minutes/1986/color/$125.00

National Center for Research in Vocational Education, 1960 Kenny Rd., Columbus, OH 43210-1090.

CONTINUING RESEARCH

The focus of the research being undertaken by The National Center on Effective Secondary Schools at the University of Wisconsin-Madison, is to learn how secondary schools can improve the academic achievement of all students, with special attention to the needs of disadvantaged and less successful students. One of the Center's six projects is **Programs and Policies to Serve At-Risk Students (RISK). RISK** is a study of special programs and substantial community interventions to improve involvement and achievement for students at risk. Some of the findings from this project tend to support or to elaborate on elements from the models. The conclusions are still in the formative stages and have been extracted from internal documents and progress reports.

The **RISK** study has found that to be effective with at-risk students, who are far more diverse than implied by the standard categories of low-income and minority status, schools must develop in the students a bond to the general goals and process of the schools and to specific staff members. This is most likely to occur through personalized forms of interaction that are facilitated by staff commitment to these students, by curriculum that may depart from convention, and especially by organizational features that encourage teachers to take responsibility for program development. At the same time, Project **RISK** has discovered a disturbing trend, especially in large urban systems, which indicates an increased emphasis on selectivity into special programs. This practice has the effect of excluding large numbers of at-risk students from significant educational opportunities. The Center's efforts to influence practice are occurring primarily through publications, presentations, consulting, and interaction with the leadership of key organizations

More information on Project **RISK** can be obtained by contacting Anne Turnbaugh Lockwood, Dissemination Coordinator, National Center on Effective Secondary Schools, University of Wisconsin-Madison, 1025 W. Johnson St., Madison, WI 53706. 608/263-7575.

Central Susquehanna Intermediate Unit's **Project Stay** has three major objectives: 1) the establishment of a regional Alternative Education Program serving seven school districts in Columbia and Montour Counties; 2) the establishment of a middle school Alternative Education Program for the Berwick Area School District; and 3) the coordination of services, resources, and mutual assistance among several alternative education programs existing in the IU's five county region.

This project is based on the philosophy of assisting youth who have experienced difficulty in functioning successfully within the regular school setting, in realizing their potential by "enabling them" educationally and socially. Success in the program can be defined in several ways dependent upon the goals identified by the student.

When a student is identified by a district as a potential candidate for the alternative program, the principal will notify the alternative school office that serves the area of the referral. There are seven steps which must be completed before the student is enrolled in the alternative program. Parental involvement is an important component of the Alternative Education Program, and cooperative effort of all individuals involved is essential for its success. An instructional plan (IP) is developed for each student entering the program in conjunction with the home school. The IP outlines what goals are to be reached during the period the student is assigned to the program. Alternative education teachers evaluate student progress on a quarterly basis, and student grades are reported to the home school which issues the report card.

For more information on this project, contact Jo Ann Lawer, Program Coordinator, Central Susquehanna Intermediate Unit, P.O. Box 213, Lewisburg, PA 17837. 717/523-1155.

CURRENT CITATIONS

Special Issue: **Teachers College Record,** Spring 1986, 87(3), pp. 305-440. This special theme issue is devoted to a continuing problem in American education—the significant number of students who fail to graduate from high school. The nine articles, assembled under the title *School Dropouts: Patterns and Policies*, cover two general aspects of the dropout phenomenon: 1) the patterns of dropping out evident among American youth, and 2) those policies developed and implemented to reduce the incidence of dropping out.

Dropout Prevention, A Book of Sources. The National Committee for Citizens in Education. 10840 Little Patuxent Parkway, Suite 301, Columbia, MD 21044. 1987. 130 p. $30.00. Originally developed with a grant from the Ford Foundation, this compilation of research, organizations and individuals with expertise in the field was compiled for educators and community group leaders in 21 urban school districts who were designing local programs to help students remain in school. The book is designed with a looseleaf format and consists of numerous sections, among which are the following: general reports and literature reviews, research studies and organizations, clearinghouses and networks, demonstration projects and strategies, state programs, costs and consequences of dropping out, and other noteworthy programs. Sources are current and accessible as of May 1, 1987, and the purchase includes updates on new entries for one year following the purchase date.

School Dropouts: Survey of Local Programs. U. S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877. 1987. 88 p. First five copies of report are free; additional copies are $2.00 each. This report is the second part of a two-phase review of the nature and extent of the school dropout problem. The first part (**School Dropouts: The Extent and Nature of the Problem,** June, 1986) was an overview based on national survey data and the literature. In this second phase, the General Accounting Office surveyed local school dropout programs to identify the approaches being used and to obtain local program directors' views. The programs surveyed have several basic patterns: 1) they target poor and minority teenagers who have multiple patterns; 2) they usually provide multiple services, with most youth at risk receiving some type of basic education, counseling, and social service assistance; and 3) several program elements strongly influence dropout education: a caring and committed staff, a secure learning environment, individualized instruction, and school hours and support services that meet individual needs. GAO's review of the quality of school district dropout data shows that the data are often difficult to interpret and lack comparability across jurisdictions. Data from national surveys provide reliable estimates of the dropout problem nationwide, but not by locality.

RESEARCH BRIEF

Study Examines High School Dropouts

Dropping out of high school has long been an important educational and social problem. Among the consequences are serious educational deficiencies, limited social and economic well-being, increased crime, greater demand for social and health services, as well as lost national income and tax revenues. The complex issues involved in this problem fall within four areas: incidence, causes, consequences, and solutions. **Incidence** figures are subject to error because of differences in measuring and collecting dropout data. Since there is no consensus on an appropriate dropout measure, it is difficult to assess trends in the dropout rate. **Causes** of the problem are unknown, although dropouts themselves in different social groups report a number of different reasons for leaving school. Disliking school, being expelled or suspended, leaving due to pregnancy or marriage, getting a job or having family problems might all be considered symptoms of other problems as well as causes of dropping out. **Consequences** of dropping out go beyond the personal and affect society at large. Not only are expected individual lifetime earnings greatly decreased, but also government services are reduced as a result of a loss in tax revenues.

Intervention programs to assist students who want to stay in school are a possible solution to the dropout problem. At least 15 state-level commissions have recently been convened to address the needs of at-risk students, and studies have been undertaken to identify successful dropout prevention programs around the country. Although the problem is unlikely ever to go away, some effective intervention strategies have been identified. Among these are concerted and cooperative efforts by educators, policymakers and researchers to develop different programs designed for different types of dropouts; an appropriate mix of educational and noneducational services in each program; accurate and timely identification of students at high risk of dropping out; and programs designed for early prevention, late prevention and recovery.

Rumberger, R. W. **High School Dropouts: A Review of Issues and Evidence.** ***Review of Educational Research,*** 1987, 57(2), pp. 101-121.

PROMISING PRACTICES

The National Alliance of Business, an independent, business-led, non-profit organization, received a three year grant from the U.S. Department of Health and Human Services to develop a business/educational partnership demonstration project, the **Compact Project.** The purpose of the project is educational improvement for today's disadvantaged youth, who will be tomorrow's workers. Business and education partners together will identify measurable educational goals, and the business community will provide employment opportunities for qualified students who demonstrate certain educational competencies.

Through participation in the project, at-risk youths will be offered incentives to complete their education in order to obtain quality employment. These trained-educated students will provide business with a competent labor pool. Finally, the community will benefit from reduced youth unemployment, truancy and juvenile crime with the long term benefit of an improved local economy.

The seven cities participating in the pilot project are Albuquerque, Cincinnati, Louisville, Memphis, Indianapolis, San Diego, and Seattle.

More information on the **Compact Project** can be obtained from Gera M. Christian, National Alliance of Business, 1015 15th St. NW, Washington, DC 20005. 202/457-0040.

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PRISE reporter

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The subject of this issue of the **PRISE reporter** is the problem of students who drop out of school, particularly those served in special education programs. The multiple issues faced in addressing the problem include defining the terms, compiling statistics, assessing the reasons for dropping out and exploring programs designed to alleviate the problem.

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ACCOMMODATING DIFFICULT-TO-TEACH PUPILS IN REGULAR EDUCATION THROUGH PREREFERRAL INTERVENTION

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Since the U. S. Department of Education's first child count in 1976-1977, the number of students enrolled in special education has grown each year, with an increase of 17% from 1976-1977 to 1985-1986. Dramatic increases in the identification of mildly handicapped pupils account for much of this growth. To some extent, this enlargement of special education is due to legal, legislative, and professional initiatives helping to assure handicapped youth a free and appropriate education. However, there is growing suspicion that too many children are identified as mildly handicapped. Incorrect identification is undesirable for numerous and obvious reasons, including that it causes unnecessary separation and stigmatization of children, disrupts school programs, and is costly to school districts.

Frequency of teacher referrals. One factor that seems to contribute to this problem is an increasing tendency among general educators to refer students for special education evaluation. One study reported that, since 1977, the average number of referrals initiated each year by classroom teachers has nearly doubled, from 2.2 to 4.0. A second study indicated that, over a 3-year period, 92% of referred students were evaluated and 73% of evaluated students were placed in special education, thereby dramatizing the importance of teacher referrals to eventual placement in special education.

Arbitrary and precipitous nature of teacher referrals. Despite the apparent confidence that diagnosticians and special education teachers place in classroom teachers' referrals, there is evidence suggesting that teacher referrals are often arbitrary, if not biased. For example, research has found that minority pupils, boys, and siblings of children identified as learning disabled are overrepresented when referrals are initiated by teachers rather than based on objective measurement.

Additionally, many teachers seem to make referrals in a precipitous, rather than deliberate, manner. That is, teachers typically make few, if any, substantial programmatic changes prior to initiating referrals. Findings of such arbitrary and precipitous decision-making in regard to referrals suggest that many classroom teachers do not attempt to accommodate their classrooms to difficult-to-teach students.

What is "Prereferral Intervention"?

Prereferral intervention is activity that aims to enhance classroom teachers' capacity to instruct and manage difficult-to-teach pupils, thereby reducing the number of students referred for formal assessment and possible placement in special programs. Although there is an infinite number of specific interventions that could be designed and implemented in classrooms, prereferral intervention is usually described in terms of five basic characteristics. First, it reflects the *least restrictive* doctrine set forth in PL 94-142, requiring educators to attempt to accommodate difficult-to-teach students' instructional and social needs in the most "normal" setting possible. Second, and related, it is meant to be *preventative*. In other words, it attempts to reduce the number of a) inappropriate referrals and special program placements, and b) future student problems by strengthening the ability of general educators to intervene effectively with diverse groups of children.

Third, prereferral intervention is typically "brokered" by one or more special service personnel, such as school psychologists and special educators, who act as consultants. Usually working indirectly with targeted pupils through consultation with the classroom teacher, these consultants often employ a *problem*

This issue of the **PRISE reporter** addresses the subject of Prereferral Strategies. The information presented relates to the practical aspects of implementing prereferral interventions and includes information on the effective use of consultation and curriculum based assessment.

solving approach to design, implement, and evaluate interventions. Fourth, prereferral intervention represents *immediate assistance* to pupil and teacher since support is provided at the point at which the teacher contemplates referral. Finally, prereferral intervention encourages use of an *ecological perspective;* that is, rather than assume the source of student problems resides within the child, prereferral intervention typically challenges educators to investigate a larger context for the source and solution to pupil difficulties.

Mainstream Assistance Teams

For the past 3 years, the authors have worked closely with a large urban school system to implement prereferral intervention in many elementary and middle schools. This work has been part of a project known as, "Mainstream Assistance Teams" (MATs), which is funded with a grant from Special Education Programs in the U. S. Department of Education. The project is basically an effort to train building-based support staff such as special educators and school psychologists as consultants, since we have embedded prereferral intervention within a consultation process. Thus, to understand our MATs approach to prereferral intervention, we first must describe this encompassing process of school consultation.

Behavioral Consultation. For the MATs project we selected a straightforward version of consultation called Behavioral Consultation (BC). In BC the consultant attempts to intervene indirectly with a difficult-to-reach student through consultation with the student's teacher. BC is conducted during a series of four interrelated stages: problem identification, problem analysis, plan implementation, and problem evaluation. The consultant guides the teacher through these stages in a succession of structured interviews in which specific objectives must be accomplished before consultation can proceed to subsequent stages.

In "problem analysis," the second stage of the sequence, BC encourages consultants to engage in collaborative problem solving. This entails developing classroom-based interventions through a process that regards the teacher and consultant as coequals and the solution as a product of sustained dialogue, rather than something imposed by the consultant on the teacher. In the first year of MATs our consultants were trained to use collaborative problem solving. Results were mixed. While some interventions were carefully planned and carried out, many others were of weak design and/or implemented inconsistently. During the second year of the project we attempted to strengthen classroom interventions by requiring the use of contingency *contracts* and data based *monitoring procedures*.

Contracts. The contracts, involving teachers and their most difficult-to-teach nonhandicapped pupil, stipulated six dimensions of the intervention: a) type and degree of the desired change in behavior or academic performance; b) the classroom activity (or activities) to which the contract applies; c) how student behavior and academic performance will be monitored (see below); d) the nature of reward; e) when and by whom the reward will be delivered; and f) whether the contract may be renegotiated. Contracts were selected as an intervention strategy for two reasons. First, during Year 1, many of our consultants and teachers independently chose to implement contracts. Second, and related, recent surveys indicate that contracts are viewed positively by a large proportion of general educators. Project teachers were asked to use the contracts for a minimum of three weeks. They were directed to reinforce students (if appropriate) every day during the first week, and a minimum of two times during the second and third weeks.

Monitoring. Half the project teachers monitored student performance. The remaining teachers were trained by consultants to instruct their difficult-to-teach students to monitor themselves. Our monitoring procedures involved either *interval recording* or *product inspection*. Interval recording was defined as, "A monitoring technique used to record whether a social behavior occurs or does not occur during a predetermined period or interval." Consultants and teachers were directed to use interval recording when a student's behavior was viewed primarily as disruptive to the teacher's and/or classmates' work or well-being. Examples of such behavior included inappropriate touching, teasing, and frequent talking to peers. Specific steps guided teachers' use of interval recording, and monitoring sheets were designed to facilitate data collection.

Product inspection was defined as, "The evaluation of academic work at the end of a predetermined duration." This form of monitoring was used for behaviors that primarily interfered with the student's own academic work. Examples of such behavior included inattentiveness and getting out of seat. As with interval recording, teachers (and students) were required to adhere to specific guidelines, and special monitoring sheets were created to facilitate record keeping.

The following are guidelines addressed to teachers who trained their most difficult-to-teach pupil to self-monitor.

Phase I: The Teacher Monitors

1. Select an academic activity that results in an observable product such as a worksheet or essay.
2. Set a time limit for the student.
3. Communicate your expectations for *amount* and *quality* of work to be completed during the time period. For example, tell the student that, during a 30 minute period, you expect her to complete at least half the problems on a math worksheet with at least 80% correct.
4. Be sure the student basically understands how to perform the activity before timing begins.
5. Tell the student to start work, and begin timing.
6. When the period is over, tell the student to stop work and collect the academic product.
7. Evaluate the product using amount and quality criteria, and record results.
8. Use product inspection for the first two days of the first week of intervention.

Phase II: The Student Self-Monitors

1. After you conduct the first two product inspections, thereby modeling for the student how to implement the procedure, explain to the student how to self-monitor.
2. Use the same academic activity as in Phase I.
3. Tell the student what the time limit is for completing the assigned activity.
4. Be sure the student basically understands how to perform the activity.
5. Direct the student to begin timing and start the assignment.
6. When time expires, tell the student to stop working.
7. Require the student to evaluate the product in terms of amount and quality criteria and record results.

8. On the first few occasions, check the student's self-monitoring to be sure of its correct implementation. Answer any student questions concerning the procedure.
9. The student should self-monitor for the remaining three days of the first week. During the following two weeks, she should monitor a minimum of two days. If her work does *not* improve by the end of the first week, she should self-monitor on at least three days of the second week.

Do MATs Work?

In Year 2 we collected a great deal of information from teachers and difficult-to-teach pupils, both prior to and following completion of the project. This information included teacher ratings of the students' problematic behavior, consultants' direct and systematic observations of the frequency of this behavior, and teacher responses to checklists and structured interview questions. Our data indicated that project pupils dramatically increased academic productivity and decreased the frequency of problematic behavior, whereas non-project (control) students failed to show such changes.

What accounts for the apparent success of our prereferral interventions? We believe the answer is straightforward: Contingency contracts and monitoring were a) understood by teachers and pupils, b) implemented as intended, and c) sufficiently motivating for difficult-to-teach students. Moreover, teachers indicated the interventions were unobtrusive, worthwhile, and contributed to their professional development. In short, we believe the evidence indicates our prereferral interventions were effective and feasible.

Working with elementary guidance counselors in Year 3, we intend to build on past efforts by determining how to transfer positive behavior change across school settings. The need for such generalization was presented poignantly to us when several pupil participants in Year 2, despite noticeable improvement in classrooms targeted by the project, were suspended from school for behavior displayed in non-targeted settings. Toward this end, we have developed a program for generalization known as "sequential modification," and plan to implement it and the rest of our prereferral activity in about 20 elementary schools.

(The authors have developed and are field testing sets of materials focusing on social behavior and academic productivity problems. To obtain ordering information, readers should contact the authors at Vanderbilt University, George Peabody College for Teachers, Department of Special Education, Box 328, Nashville, TN 37203.)

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CURRENT CITATIONS

CONSULTATION

Conoley, Jane Close (ed.). **Mini-Series on Indirect Service Delivery**. *School Psychology Review*, 1986, 15(4), pp. 457-528. Eight manuscripts in this mini-series cover training, research and practice in psychological indirect service delivery with an emphasis on practical action suggestions for trainers, researchers, and practitioners. The authors are concerned with "real" and "ideal" situations and discuss the discrepancy between how psychologists would ideally spend their time and how they actually spend their days. The articles highlight the fact that a well-prepared psychologist has a great deal to offer school personnel, children and families in terms of indirect services.

DeBoer, Anita L. **The Art of Consulting: Strategies for influencing others to get things done — when you don't have or don't want to use direct authority.** Arcturus Books, 2026 W. Iowa St., Chicago, IL 60622. 1986. 248 p. $14.95. This book is a practical guide for those who function as consultants in the public schools, i.e., special educators, psychologists, social workers, counselors, administrators, teachers, and specialists in reading, spoken language and curriculum. Consulting is defined as "collaborative problem-solving based on mutual trust that generates commitment to an intervention plan and results in change." The author discusses the key concepts of the consulting process. The book is designed to help the reader identify his or her interpersonal cognitive style while, at the same time, being able to identify the behavioral and cognitive styles of others. The pure styles are categorized and described as achiever, persuader, analyst and supporter. However, one person may employ a combination of these styles, and the effective consultant can adapt his or her strategies accordingly.

One chapter explains how to listen effectively. The author discusses the active listening skills of attending, responding, being non-judgmental, being empathetic, accepting the person, hearing from his or her point of view, hearing the feelings and thoughts being expressed, hearing what is *not* said, and hearing *ourselves* (our inner thoughts, feelings, insights, prejudices, and biases.) The author also explains appropriate, inappropriate, and questionable strategies for effective leadership. Another chapter is devoted to learning how to express oneself clearly, and using proper questioning strategies. The basics of human behavior are reviewed and the skills for motivating people, changing attitudes and writing measurable goals are covered. The final chapter deals with overcoming consultation obstacles.

Heron, Timothy E. & Harris, Kathleen C. **The Educational Consultant: Helping Professionals, Parents, and Mainstreamed Students.** (Second ed.) PRO-ED, 5341 Industrial Oaks Blvd., Austin, TX 78735. 1987. 411 p. $19.00. This second edition considers the challenge of devising, implementing and evaluating programs to meet the unique learning needs of mainstreamed students. To successfully devise educational programs, consultants (e.g., resource teachers, coordinators, specialists, and counselors) need to effectively consult with

educators and parents. This volume offers ideas, strategies, and suggestions to create sound educational programs for handicapped students.

The consultation process is defined as the mutual interaction between two or more parties for the purpose of solving problems. This book describes the role of the consultant and the skills needed to provide technical assistance, coordinate programs, and effectively communicate with professionals, parents, and students.

The authors offer descriptive techniques for working with teachers in mainstream settings, teachers in self-contained classrooms and with parents. Specific strategies for individualizing instruction at the elementary and secondary levels are provided. The final chapters discuss various assessment strategies that consultants can use to help teachers design programs; selection of appropriate behavior management techniques; multicultural considerations; and legislation which affects consultation services.

Idol, L., Paolucci-Whitcomb, P., & Nevin, A. **Collaborative Consultation.** Aspen Publishers, Inc., 1600 Research Blvd., Rockville, MD 20850. 1986. 261 p. $33.00. **Collaborative Consultation** delineates an interactive process which enables educators with diverse areas of expertise to generate creative solutions to mutually defined problems. Designed to facilitate professional relationships among regular and special education personnel who share responsibility for exceptional and low achieving students in the mainstream, the book is likely to appeal to classroom teachers, interdisciplinary team members, education consultants, inservice trainers, and college professors working directly and indirectly with all types of exceptionalities. The authors contend that successful implementation of their model does not require the purchase of additional curricula. The reorganization of the teachers' existing knowledge and practice can lead to productive outcomes which, presumably, could not be devised by individuals working alone.

The text of this volume details key steps to be followed by collaborators when developing and implementing an effective mainstreaming program. It begins with the introduction of a triadic consultative model and ends with a case study intended to illustrate the impact of effective collaboration. In between, readers will find practical suggestions for gaining acceptance among professionals, assessment and instructional methodologies for teaching exceptional learners in regular classrooms, strategies for modifying teacher behaviors, evaluation procedures, and ideas for restructuring and terminating consultation. The authors also present research to support the success of the model being advocated.

Reisberg, L. & Wolf, R. **Developing a Consulting Program in Special Education: Implementation and Interventions.** *Focus on Exceptional Children*, 1986, 19(3), pp. 1 - 14. Historically, in order to maintain the least restrictive environment, special education has attempted to provide direct academic services to mildly handicapped students in resource room settings. To achieve success through this model a tremendous amount of cooperation between special and regular education is necessary. This article suggests a method for the special educator to provide supportive and collaborative services to regular education teachers through the implementation of a consulting teacher model and instructional interventions.

The authors begin by discussing the rationale and background of consultation, concluding that many teachers express concerns with the actual act of consulting rather than with imparting specific educational content. In addition, existing consultation models are reviewed, including the Cipani Model, the University of Illinois Resource/Consulting Teacher Program, Project ConSEPT, and the Vermont Consulting Teacher Training Program.

The authors incorporate five stages for the implementation of their school consultation model. Stage one, "Establishing the Consultation Project," concentrates on establishing the purpose and process, negotiating resources, establishing a base of relationships, and forming the task force. The "Planning Stage" deals with critical questions such as choice of schools, criteria to be used for selecting consulting teachers, which regular education teachers and grades will be included, student selection, and project management. "Preparing for Implementation," stage three, addresses teacher training needs, the development of curriculum-based assessments, and documentation. The actual "Implementation" of the model occurs in stage four, which stresses communication and evaluation, and in stage five "Maintenance" of the model is discussed. The authors emphasize that this model suggests stages of development and that a sequential and patient approach is crucial for a successful implementation of any consultation program.

Rosenfield, Sylvia A. **Instructional Consultation.** Lawrence Erlbaum Associates, 365 Broadway, Hillsdale, NJ 07642. 1987. 291 p. $36.00. The purpose of **Instructional Consultation** is to enable educational consultants to improve their effectiveness in working with teachers in the classroom by presenting a synthesis of consultation techniques which deal with improving instructional quality. The book is divided into four sections. Section I provides an introduction to the topic of instructional consultation. Section II contains four chapters which deal with assessment concerns: establishing the collaborative relationship, the problem-identification interview, classroom observation, and the assessment of academic learning. The process of interventions in the classroom is described in the third section, and in the last section a research agenda and future directions are addressed.

West, J. Frederick & Cannon, Glenna S. **Essential Collaborative Consultation Competencies for Regular and Special Education.** *Journal of Learning Disabilities*, 1988, 21(1), pp. 56 - 63, 28. This study was designed to identify and validate essential collaborative consultation competencies needed by both regular and special educators interacting to meet the educational needs of handicapped students in the regular classroom. A one hundred member interdisciplinary panel from 47 states identfied 47 competencies in 8 categories as essential to the collaborative consultation process. Those competencies receiving the highest ratings included skills in interactive communication, collaborative problem solving and personal characteristics. Skills in evaluating the effectiveness of consultation were also rated as essential. The development of a preservice/inservice curriculum for training both special and regular educators in collaborative consultation, based upon these essential competencies, is discussed.

West, J. Frederick and Idol, Lorna. **School Consultation** (Part I and Part II). *Journal of Learning Disabilities*, 1987, 20(7) and 20(8), pp.,388-408 and pp. 474-494. A two-part article on school consultation from an interdisciplinary perspective is pre-

sented in the August/September, 1987 and October, 1987 issues of *Journal of Learning Disabilities*. Part I, "An Interdisciplinary Perspective on Theory, Models and Research" (p. 388), is a review and analysis of various theories, models, and related research on school consultation, with emphasis on a planned progression from theory formulation to model building to implementation. The authors include an examination of ten different models of consultation. Part II, "Training and Practice" (p. 474), describes the current status of training and practice. It includes recommendations for the future practice of special education consultation emphasizing the use of a seven-level framework for decision-making.

CURRICULUM-BASED MEASUREMENT

Bursuck, William D. & Lessen, Elliott. **A Classroom-Based Model for Assessing Students with Learning Disabilities.** *Learning Disabilities Focus*, 1987, 3(1), pp. 17-29. Curriculum-based assessment, a method of measuring student achievement in terms of the curriculum of the local school, is described by the authors as an alternative to the use of standardized testing in both regular and special education classes. The authors elaborate on a system consisting of three parts: academic skill probes, work habits observation, and an inventory of the classroom environment. This system is used to identify and program for students with learning disabilities. When fully implemented, curriculum-based measures become a required part of the screening process for learning disabilities as well as criteria for reentry into the regular program. Data can be used for classroom grouping and may be changing the ways in which members of the multidisciplinary team collect assessment information.

Deno, S. L. & Fuchs, L. S. **Developing Curriculum-based Measurement Systems for Data-based Special Education Problem Solving.** *Focus on Exceptional Children*, 1987, 19(8), pp. 1-16. The focus of this article is curriculum-based measurement (CBM)—a data-based strategy by which special education problems can be solved and by which decisions about referral, program development, and evaluation can be formulated. Curriculum-based measurement is distinct in that it utilizes the curriculum of the local school rather than a set of independent items or problems created by commercial test developers. In this article several advantages of this approach are discussed.

The authors present a decision-making framework employing technical, instructional, and logistical considerations for determining what to measure, how to measure, and how to use data. This framework is applied to the areas of reading, spelling, and written expression in order to demonstrate how curriculum-based assessment methodology can be specified. In addition, a case study illustrating how a practitioner actually might employ the framework and design a CBM system for one specific student is presented.

Fuchs, Lynn S. & Fuchs, Douglas (eds.). **Mini-series on Linking Assessment to Instructional Interventions.** *School Psychology Review*, 1986, 15(3), pp. 313-382. In this mini-series, five papers are devoted to a discussion of alternative assessment procedures which broaden the current focus on screening, special program eligibility, and program evaluation to include instructional assessment, planning and consultation. Kenneth W. Howell discusses assessment of current performance levels; John Wills Lloyd and Ann Booker Loper present procedures for assessing task-related behaviors; Francis E. Lentz, Jr., and Edward S. Shapiro discuss the importance of the instructional context and related evaluation strategies; and Stanley L. Deno elaborates on procedures for continuing curriculum-based progress evaluation.

Idol, L., Nevin, A., & Paolucci-Whitcomb, P. **Models of Curriculum-Based Assessment.** Aspen Publishers, Inc., Rockville, MD 20850. 180 p. 1986. $24.95. (This book is intended to supplement **Collaborative Consultation**, described under **CONSULTATION** of this issue.)

Curriculum-based assessments **(CBAs)** are teacher constructed tests designed to directly measure students' skill achievements at specific grade levels. The assessments are criterion-referenced, and their content reflects the curricula used in general education classrooms. Curriculum-based assessment is a demonstration of the power of collaborative consultation in that it represents current practice in general and special education that must rely on the expertise of both of these educators. The Introduction provides a rationale and discussion of the factors that make curriculum-based assessment an important alternative to traditional testing practices. Chapters 1 through 6 contain descriptions of **CBAs** that have been constructed and used by teachers for a wide range of subjects. Chapter 7 contains reprints of two data-based articles describing the construction, implementation and evaluation of **CBAs** that have been used at the classroom level, the school building level, the school district level, and the special education cooperative level.

PREREFERRAL INTERVENTION

Fuchs, D., & Fuchs, L. S. (in press). "Mainstream Assistance Teams to Accommodate Difficult-to-teach Students in General Education." In J. L. Graden, J. E. Zins, & M. J. Curtis (eds.). **Alternative Educational Delivery Systems: Enhancing Instructional Options for All Students.** National Association of School Psychologists, Washington, DC. This chapter describes the first year of operation of a three-year effort to develop, implement, and validate a prereferral intervention model using Mainstream Assistance Teams (MATs). Discussed are the rationale for prereferral assessment and intervention, and the social, political, and bureaucratic dimensions of the setting in which the program was implemented. Major components of the approach, including behavioral consultation and the use of written scripts, are described, and the process of installing Mainstream Assistance Teams, including training of consultants and evaluation of outcomes, is reviewed. Implications of the evaluation data for program modification are considered. A script for use with referring teachers during the problem identification phase is appended.

Nevin, A. & Thousand, J. "Avoiding or Limiting Special Education Referrals: Changes and Challenges." In M. C. Wang, M. C. Reynolds and H. J. Walberg (eds.). **Handbook of Special**

Education Research and Practice, Vol. 1, Learner Characteristics & Adaptive Education. Pergamon Press, New York. pp. 273-286, 1987. $75.00. The authors present a rationale for avoiding or limiting referral of students for special education. Central to their argument is a review of research and practices of demonstrated effectiveness which can strengthen regular education programs to the extent that many students with special needs can be successfully educated in the mainstream. Included are research and practice related to a) methods that directly strengthen the mainstream education system, e.g., principles of effective instruction and applied behavior analysis; b) approaches that reduce the likelihood of educators referring students for special education, for example, preferral interventions and consulting teacher systems; and c) early intervention, parental support and transition models for reducing rates of referral to special education. Recommendations for policy, training and research are discussed.

CONTINUING RESEARCH

The **Prereferral Intervention Research** program at the University of Illinois at Chicago is a series of studies based on the need to better understand classroom teachers' decisions to refer a student for special education services. This need is due to yearly increases in the number of children labeled learning disabled, findings that LD students perform like low achievers on standardized measures of achievement and intelligence, and the fact that teacher referral is likely to lead to special education placement.

The goal of the research is to develop a pre-referral intervention based on a series of studies that examine classroom teachers' and learning disabilities teachers' decision making in response to children at-risk for referral and children's understanding of teachers' intentions. The first study currently underway is being conducted in three city schools and one suburban school. Approximately 35 classroom teachers in kindergarten through eighth grade classrooms have volunteered to participate. The initial study examines the match between teachers' decision making and children's understanding of teachers' intentions. The procedures in this study include 1) teachers rank order of children on reading comprehension and behavior, 2) selection of children at risk for referral plus children in the middle and high range of reading and behavior performance, 3) videotaping of classroom instruction, 4) stimulated recall interviews with teachers in response to the videotaped instruction, and 5) stimulated recall interviews with children in response to the videotape of instruction.

The results of these procedures will be used to collaborate with classroom and special education teachers to develop a prereferral intervention that considers the teacher and child factors that the study reveals to be contributing to teachers' decisions to refer children for special education services. The products of this research should include: knowledge about student and classroom factors that predict referral, knowledge of how teachers' perceptions of at-risk for referral children affect their decisions and behavior, and knowledge of learning disabilities teachers' thinking and decision making in regard to at-risk for referral children. The final product will be a series of case studies that can be used in inservice and preservice programs to help teachers and specialists to create a classroom environment in which the at-risk child is successful, and therefore, less likely to be referred.

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DEVELOPING ACADEMIC AND SOCIAL COMPETENCE USING PEER-MEDIATED INSTRUCTION

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One implicit goal of our educational system is to teach students how to "get along" with one another. This may entail working cooperatively with others on a class project, sharing materials with fellow classmates, following specified rules during team games, or providing assistance to peers who are experiencing academic difficulties. Indeed, if we were able to teach children these skills, as well as the basic academic competencies prescribed by our curricula, we would undoubtedly have a more pleasant and productive learning environment. Unfortunately, the development of cooperative and prosocial behavior has not always been a high priority in our educational system. The reasons for this are substantial. First, many people believe that appropriate social behavior cannot be taught directly. Rather, good interpersonal competence stems from a "strong family upbringing" with a clear emphasis upon traditional moral standards. Still others, who believe that cooperative/prosocial behavior can be taught, are hard-pressed to identify what particular social skills to teach to which children and under what type of instructional conditions.

Some educators argue that teaching children to cooperate will inhibit their ability to survive in a competitive world. Other critics suggest that high achieving students will be "held back" because they must work together with less competent peers. Finally, some professionals object to the direct teaching of cooperative/prosocial behavior on a purely practical basis. They argue that there is simply not enough time available for teachers to do so. Recent legislative mandates for increased graduation requirements as well as specialized instruction in noncore content (e.g., drug and alcohol awareness, computer literacy and child abuse prevention) have left teachers with very little time to develop social behavior.

Despite these and other objections, I will argue in favor of the direct teaching of cooperative/prosocial behavior, particularly to exceptional youngsters with interpersonal problems. This article delineates my rationale for supporting social behavior training and outlines two, systematic peer-mediated approaches for accomplishing this objective in a feasible manner. I would caution readers, however, that this discussion is intended to be illustrative and not exhaustive since there are many other effective interventions available for this purpose.

Why teach cooperative/prosocial behavior to children?

Before proceeding, one may ask why should teachers of exceptional children be concerned about the social interactions of their pupils? Findings from recent research in social development may provide answers to this important query. First, it appears that deficits in interpersonal functioning are observed in all categories of exceptionality. Second, these interpersonal problems tend to persist throughout students' school years, and often interfere with their acquisition of instructional content. Third, exceptional children's presence in classrooms with nondisabled peers has increased dramatically in recent years. This has required exceptional students to engage more frequently in social interactions with a greater variety of peers and adults. Finally, deficiencies in social rather than academic behavior stand as the single, best behavioral predictor of significant adjustment problems in adulthood. It is fair to conclude that the teaching of social behavior represents a legitimate instructional domain with potential consequences that go well beyond classroom settings.

I advocate developing prosocial behavior particularly through cooperative, peer-mediated arrangements because students appear to enjoy this way to learning. Also teaching children to work together and share information is a strategy for improving both the quantity and quality of students' work products. Research findings from the cooperative, peer-mediated literature clearly support the age-old adage that, "two (or three or four) heads are better than one." Numerous studies have demonstrated that students prefer learning in peer groups rather than traditional teacher-led or individualized instruction.

Procedures for developing cooperative, prosocial behavior.

Traditionally, educators have faced the challenge of teaching social behavior in much the same way they approached basic academic skill instruction. That is, presumably important social behavior objectives were generated (often taken from social skills curricula), lessons were developed for meeting these objectives, and the teacher led the class through a variety of activities (predominately role-playing) during regularly scheduled time periods. In essence, social behavior training was perceived as a separate entity from academic instruction. It had its own objectives, instructional strategies, and often a separate time slot. Recent advances in social behavior development suggest, however, that good interpersonal skills cannot be taught effectively

through 30 minute structured lessons. Similarly, the use of predetermined social skill objectives, analogue training activities, and adult-led instructional arrangements have not been very effective in improving children's social behavior. Rather, current research indicates that social skill instruction must be carefully integrated into students' daily school experiences. Furthermore, students appear to acquire prosocial behaviors more readily when they are instructed by peers and not adults. That is, learning occurs best when students are placed into small, heterogeneous groups and are required to work with classmates toward common goals. Such procedures can be referred to as cooperative, peer-mediated instructional arrangements.

Two cooperative peer-mediated approaches.

The use of peers as instructional assistants is certainly not new. In fact, peer teaching programs have been part of public education since the early 1800's. However, it was not until the past 25 years that peer-mediated instructional approaches were studied in a rigorous, systematic fashion. The two peer programs discussed here, Classwide Peer Tutoring (CWPT) and Classwide Student Tutoring Teams (CSTT), are products of this recent analysis.

Classwide Peer Tutoring. This model was developed at the Juniper Gardens Children's Project and was designed to improve the basic skills performance of low achieving minority, disadvantaged and/or mildly handicapped students. CWPT consists of four major components: a) weekly competing teams, b) highly structured teaching procedures, c) daily earning of points and public display of student performance, and d) direct practice of functional academic skills. Each week, the classroom is divided randomly into two competing teams, and the teacher assigns students *within each team* to tutoring pairs. One student in each pair then serves as "tutor" for 10-15 minutes while the other child is "tutee," following which the roles are reversed. Tutoring sessions usually occur three to four times per week and are followed by a weekly quiz/test, taken *individually*. At the end of the week, the "Winning Team of the Week" is announced, and the results are printed in the school's bulletin or placed on achievement certificates.

CWPT has been used effectively at the elementary level in the areas of reading, spelling, vocabulary development and math. At the secondary level, it has proven effective in science and social studies instruction. Typically, students' weekly test performances have been improved by between 10 to 30 percentage points. Furthermore, consumer satisfaction surveys indicate that teachers and students alike enjoy CWPT instruction.

Classwide Student Tutoring Teams. CSTT is a "hybrid" program that combines effective components of Classwide Peer Tutoring with elements of the Teams-Games-Tournament program developed at Johns Hopkins University. To date, CSTT has been used solely at the secondary level to assist mildly handicapped learners in "content area" courses, i.e., social studies, science and math.

This program operates in much the same fashion as Classwide Peer Tutoring, although some procedural differences are noteworthy. First, CSTT uses a number of small, 3 to 5 member teams as opposed to two large teams composed of multiple tutoring pairs. Second, students are assigned *systematically* to teams in CSTT, based on achievement, whereas team assignment is random in CWPT. A third difference is the duration of team membership, CWPT being one week and CSTT four to eight weeks. Finally, the nature of the academic tasks differs, since one program is predominantly elementary and the other solely secondary.

In a recent study using CSTT, the weekly math test scores of 28 mildly handicapped and 63 nondisabled students improved by an average of 20 percentage points. More importantly, no exceptional students received a failing grade on their report cards during CSTT instruction, while eight others maintained averages above 90%. Recently completed work in 10th grade home economics, 7th and 8th grade science and 7th-9th grade band classes have produced similarly promising results.

In summary, I have argued that the development of cooperative/prosocial behavior is a legitimate instructional domain for teachers of exceptional students and that the most appropriate strategy is the use of cooperative, peer-mediated instruction. This arrangement integrates academic and social learning by requiring students to help one another, and team competition serves as an incentive for cooperation. The two specific programs described provide a basis for effective implementation.

(Interested readers may obtain a copy of **Classwide Student Tutoring Teams: Teacher's Manual** from Larry Maheady at 344 Erickson Hall, Michigan State University, East Lansing, MI 48824, $3.00.)

Larry Maheady received his Ph.D. in special education from the University of Pittsburgh and is a faculty member in the Department of Counseling, Educational Psychology and Special Education at Michigan State University. Current areas of interest include the academic and social integration of mildly handicapped students in mainstream settings, peer-mediated learning strategies and direct instruction.

CONTINUING RESEARCH

The **Center for Research on Elementary and Middle Schools** has a threefold mission: 1) to produce useful knowledge about how elementary and middle schools can foster growth in students' learning and development; 2) to develop and evaluate practical methods for improving the effectiveness of elementary and middle schools based on existing and new research findings; and 3) to develop and evaluate specific strategies to help schools implement effective research-based school and classroom practices.

The **Center** conducts its research in three program areas. The *Elementary School Program* works from an existing research base to develop, evaluate, and disseminate effective elementary school and classroom practices; synthesizes current knowledge; and analyzes information to expand the knowledge base in effective elementary education. The *Middle School Program* has as its major task the establishment of a research base to identify specific problem areas and promising practices in middle schools that will contribute to the development of effective school and classroom practices. The *School Improvement Program* focuses on improving the organizational performance of schools in adopting/adapting innovations and developing school capacity for change.

Center for Research on Elementary and Middle Schools, The Johns Hopkins University, 3505 N. Charles St., Baltimore, MD 21218.

CURRENT CITATIONS

Bohlmeyer, E. M., & Burke, J. P. **Selecting Cooperative Learning Techniques: A Consultative Strategy Guide.** *School Psychology Review*, 1987, 16(1), pp. 36-49. This article is directed toward the school psychologist, who may be called upon to provide consultation to teachers in adopting and implementing cooperative learning strategies. Central to this process is to familiarize teachers with the spectrum of cooperative learning techniques and to distinguish how these options differ from other group learning activities. Second is to provide for selection of a strategy which is compatible with individual teaching styles, as well as appropriate to a given classroom situation and to specified educational objectives. To do this, the authors have created a classification scheme for comparing cooperative learning techniques and have applied that scheme to the selection process. The authors have selected nine cooperative learning techniques for illustration, which are supported by empirical evidence in the literature regarding their effectiveness in promoting academic or affective achievement. This classification scheme can be used as a guide to both process and content aspects of consultation in choosing a cooperative learning technique.

Brandt, R. S. (ed.). **Focus: Collegial Learning.** *Educational Leadership*, 1987, 45(3), pp. 3-87. This collection of seventeen articles addresses the topics of cooperative learning and professional collegiality. Advocates of cooperative learning state that group work develops social skills and is a powerful tool for learning. It also has the potential for influencing peer pressure, a force that severely limits achievement in many schools. In cooperative learning students encourage their teammates to do well because they also benefit. Collegial support groups among educators can pave the way for increased productivity and expertise, more positive interpersonal relationships and cohesion as a staff, as well as enhanced self-esteem for the educator. The journal articles include numerous examples of professional collegiality ranging from voluntary teacher support groups to peer coaching to inservice programs for principals.

Cohen, Jiska. **Theoretical Considerations of Peer Tutoring.** *Psychology in the Schools*, 1986, 23(2), pp. 175-186. Peer tutoring has been defined as a one-to-one teaching process in which the tutor is of the same general academic status as the tutee. From an academic perspective it involves learning and teaching processes, while from an interpersonal perspective it is conceptualized as a social system providing opportunity for the development of social skills. The most common goal is academic gain for the tutee; however, the tutor can also benefit from the experience through increased exposure to and rehearsal of the material.

Several components contribute to learning for tutors and tutees: *individualization*, resulting from the one-to-one interaction; *modeling*, whereby the tutee views the tutor as having a higher status; *motivation*, which may consist of tangible rewards, social rewards or verbal reinforcement; and *similarity*, the closeness of a peer. A number of factors affect the successful implementation of peer tutoring: appropriate selection of tutors and tutees, careful matching of tutors and tutees, appropriate choice of materials, adequate frequency and length of the tutoring program, appropriate amount of structure and supervision, external feedback, motivation for tutor and tutee, adequate preparation for tutoring, sufficient training, and careful consideration of the physical environment.

Delaquadri, J. et al. **Classwide Peer Tutoring.** *Exceptional Children*, 1986, 52(6), pp. 535-542. This article provides an overview of the principles, procedures and research that are basic to effective instruction. There are three major sections: a) general principles of instruction, b) a description of classwide peer tutoring procedures, and c) a review of effectiveness data of classroom process and student achievement outcomes. The general principles on which classwide peer tutoring are based include the opportunity to respond and the selection of academic target behaviors and skills that teachers may use to determine a child's progress. Also discussed are behavior analysis principles such as reinforcement, peer-mediated strategies and feedback. The classwide peer tutoring procedures described are the daily procedure used in this process and the initial training of students using explanation, modeling and practice with feedback.

RESEARCH BRIEF

Cooperative Learning Effective for Mainstreamed Students

Madden, Stevens and Slavin describe a comprehensive reading and writing project known as the **Cooperative Integrated Reading and Composition Program (CIRC)**. This program, which combines principles of individualized instruction and cooperative learning, is designed to meet the instructional needs of heterogeneous classes which include mainstreamed students. The article first delineates the features of this project, then describes two research studies which measured its impact upon upper elementary students.

CIRC classroom activities follow a regular schedule which includes teacher presentation, team practice (reading a story aloud, for example), peer assessment (mastering "disappearing" word lists), additional team practice (summarizing main points), and individual testing. During all activity periods, students work in learning teams. Their individual scores on quizzes, compositions, and book reports are averaged together into a team score for which certificates of achievement may be awarded. Homework consists of nightly independent reading, for which additional team points may be earned.

According to the authors, their studies support the contention that student achievement in reading, language arts, and writing can be increased within a cooperative learning environment. The effects seem to be substantial for mainstreamed students if they are allowed to remain in the regular classroom to work with nonhandicapped classmates in cooperative learning.

Madden, N. A., Stevens, R. J., & Slavin, R. E. **Reading Instruction in the Mainstream: A Cooperative Learning Approach.** Report No. 5. Johns Hopkins University, Center for Research on Elementary and Middle Schools, Baltimore, MD. 1986.

COMPUTER APPLICATIONS

Cooperative Learning and Computers: An Activity Guide for Teachers is a comprehensive guide for involving students in computer centered learning groups which are designed to foster shared learning goals in an atmosphere of positive interdependence.

The guide describes the essential ingredients of cooperative computer lessons and provides materials for designing lessons around any of three proven learning strategies. Programs such as "Crossword Magic," "Bank Street Writer," and "Electronic Money" are used in an approach designed by the Johnsons called "Learning Together" that is a blend of different forms of interdependence. "Magic Slate," "LOGO" and commercial databases are among the programs used in lessons based on the strategy, "Jigsaw." The guide also includes suggestions for forming student teams and provides reproducible lesson guides, observation sheets, evaluation forms and achievement awards.

Male, M., Johnson, R., Johnson D., & Anderson, M. **Cooperative Learning and Computers: An Activity Guide for Teachers.** Educational Apple-cations, Los Gatos, CA. 1986. $15.00.

INSTRUCTIONAL MATERIAL

Structuring Cooperative Learning: Lesson Plans for Teachers is a compilation of original lesson plans from teachers who have formed a cooperative learning network in affiliation with the Cooperative Learning Center at the University of Minnesota. Network members have submitted lesson plans which cover all subject areas and levels of education. Each lesson plan is described and an indication of grade level and subject area is given, although the lessons can be adapted to different age levels and subjects.

The first section of the book provides an introduction to cooperative learning, the teacher's role in implementing cooperation, and how to get started with cooperative groups. Sections two through six are the lesson plans, and section seven lists books, teacher materials, audiovisuals and research reviews. Each lesson plan details academic objectives; decisions required concerning group size, room arrangement and materials; the learning activity itself; the monitoring or processing needed; and evaluation of students' achievement.

Johnson, D., Johnson, R., & Holubec, E. S. (eds.). **Structuring Cooperative Learning: Lesson Plans for Teachers**. Interaction Book Co., 7208 Cornelia Drive, Edina, MN 55435. 1987. 339 p. $15.00.

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The focus of this issue of the **PRISE reporter** is peer-mediated instruction. Also included is information on approaches to cooperative learning.

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PRISE reporter
issues and happenings in the education of handicapped students
no. 19, April 1988

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

AIDS EDUCATION FOR STUDENTS WITH SPECIAL NEEDS

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Any child who watches TV probably has questions about AIDS. If you as an educator haven't already been questioned, it is likely that you will be. With all the media attention, the subject of AIDS is bound to come up in the classroom or on the playground. Since our schools play a major role in halting the spread of AIDS and the fear it creates, the epidemic poses new challenges for educators.

Special education teachers must assume a key role in providing information on AIDS to youngsters with special needs. Surgeon General C. Everett Koop has stated that "education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus." In order to fulfill this commitment, the first responsibility of all educators is to get the facts straight for themselves.

Overview of the Epidemic

AIDS is a disease triggered by the Human Immunodeficiency Virus (HIV) which weakens the immune system so the infected person catches certain diseases that healthy people can fight off. Although some people who are infected have no symptoms of the disease, most become sick 3-7 years after the onset of infection and develop specific symptoms, including prolonged swelling of the lymph glands, weight loss, shortness of breath, confusion and vomiting. When certain diseases are eventually diagnosed, the patient is said to have AIDS which is fatal; statistics show that most die within three years.

AIDS is spread almost exclusively in two ways: through sexual contact and through blood contact. The surest routes to infection are to have sex with an infected person or to share needles for shooting drugs with an infected person. The only other known way of contracting AIDS is from a pregnant mother to her baby in utero, or through breast milk. Anyone who engages in risky behaviors can become infected regardless of gender, sexual orientation, age or race. At the onset of the disease some people, such as children with hemophilia, contracted AIDS through blood transfusions. There is almost no danger of getting AIDS by donating or receiving blood today since it is carefully screened.

AIDS cannot be contracted from casual contact with a person who has been infected with the AIDS virus or who has AIDS. No case of AIDS is known to have been transmitted in a school, day care, or foster care setting. It is not spread through the kind of contact school-aged children have with each other, such as touching, hugging, or sharing meals and bathrooms. Not a single household member of a person with AIDS has become infected through routine non sexual contact with a family member with AIDS.

. . . the first responsibility of all educators is to get the facts straight for themselves.

Researchers are racing to discover effective treatments for AIDS and to produce a vaccine to prevent it, but this will take time. Currently, the only defense against AIDS is education followed by precautionary action. The spread of the disease could be stemmed if everyone could be educated and influenced to adopt safe behaviors.

Students at Risk

Teenagers are now a primary risk group for contracting AIDS because many teenagers engage in one of the behaviors which caused HIV to spread widely in the adult gay male community: frequent unprotected sexual activity and often with more than one partner. While AIDS in the U.S. initially spread widely in the gay community, it is now on the rise among heterosexuals. A very small group of teenagers is also at risk because of intravenous drug use.

As of January, 1988, the Center for Disease Control reported 205 cases of AIDS among 13-19 year olds. The number jumps dramatically, however, for the 20-29 year age group with 10,434 people or 21% of all AIDS cases. Given the long incubation period for AIDS a high percentage of these people were infected during their teens.

Today's students have some knowledge about AIDS, but many are misinformed or confused. They need to be given information about the specific behaviors that spread the disease and what kinds of precautionary measures they can take to protect themselves. They must understand that AIDS education applies to their lives and their safety, and that they have the power to insure their own well being.

(*Editor's note:* In 1987, the Pennsylvania Department of Education mandated that Pennsylvania schools provide instruction about AIDS, at least once on each of three grade levels [elementary, middle/junior high school, and senior high school] as part of Planned Courses on health. Parents may exclude their children, on moral or religious grounds, and the school must make AIDS curricular materials available to them. The choice of specific grades for AIDS instruction and content materials is left to the local schools.)

Teaching Handicapped Children About AIDS

Handicapped students have rights to normal lifestyles including the right to develop and maintain responsible social sexual behavior. Despite the limitations of handicap every child has the right to receive an adequate sex education.

Teachers know their students best, and information about AIDS should be tailored to the individual needs of each child. Like any other type of health education, discussing AIDS should not be a rehearsed, one time lecture but part of an ongoing conversation with students. At the beginning of the conversation ask the students what they know about AIDS in order to determine their knowledge base and their attitudes. Find out what kinds of behaviors they associate with the risk of getting AIDS. Give them the facts in clear, simple language.

Apply those teaching principles that are effective in working with students with special needs. Use concrete materials such as covers of magazines dealing with AIDS, newspaper articles, pictures to tell a story, or use of audiovisuals if available. Keep in mind that students have probably heard a great deal about AIDS on TV, from newspapers, magazines, and friends. A large part of the teacher's job is to correct any misinformation they may have. Repeat information several times and ask them to repeat it to you.

Young children, or students with little or no concept of sexuality, death, or life maintaining blood flowing in their veins should be told AIDS is caused by a virus, a tiny germ, and is a serious but very rare disease. Soothing a child's concerns is important at this stage. As children get older and their bodies change they are ready to learn about menstruation, masturbation, wet dreams and sexual intercourse. This is the time to begin instructing the students that AIDS can be spread through sexual intercourse.

Older children are concerned about experimenting with relationships between boys and girls. They are able to understand that their behavior has consequences, but they may not believe the consequences could happen to them. They think they are immortal and that consequences will happen to someone else. The Surgeon General suggests that students should be taught that when they are tempted to have a sexual encounter without proper precaution, or do drugs with needles, they should ask themselves, "Is this experience worth dying for?" A curriculum that includes movies about people with AIDS or visits from people with AIDS or family members of people with AIDS helps overcome denial of the disease.

Adolescents are generally embarrassed to talk about sex and to ask questions that make them appear uninformed. Sometimes they think they know it all, but they are also open to information provided by trusted adults. Since a majority of adolescents are sexually active, they are ready for a frank discussion of the various ways in which AIDS is spread. Talk to students about the different types of possible sexual encounters, including homosexuality, oral sex and anal intercourse. Planning and teaching should include student involvement. Let them speak the messages to each other whenever possible.

Language is particularly important. Connect the sexual vocabulary you use in teaching AIDS to the slang they use on an everyday basis. Try to use words teenagers know, such as slang or street terms. Phrases such as "bodily fluids" are too vague. Using their language lets them know you recognize their experience and are seeing things from their point of view. It is very important to try to alleviate anxiety. This requires finding out what their fears are and then giving them information in their language.

Focus on practical or functional skills. Since we know that knowledge, in general, has little impact on behavior, it is important to discuss and dramatize experiences people have in real life situations. Talk about specific behaviors and situations. Help students develop strategies for delaying sexual involvement; if they are sexually active, provide specific instructions for safe sex using condoms. Educators, regardless of their own moral and religious attitudes towards sexual behavior, have an obligation to provide adolescents with the facts about AIDS. Misunderstandings about this disease and the risk behaviors that may cause it can be fatal.

Curriculum and Staff Issues

Some school systems have begun to respond by developing AIDS education curricula. Ideally, AIDS education should take place within the context of a more comprehensive health education or family life/sex education course which presents the positive aspects of sexuality as well as its dangers. Such a broad education program can help students acquire the self esteem and decision-making skills necessary to make wise choices not only about AIDS, but also about other critically important life issues. Ideally this instruction begins in kindergarten and continues through grade 12. Educators must prepare students to make responsible decisions about their own health and safety, and equip them with skills to carry through these decisions.

There will probably be an onslaught of materials available for teaching about AIDS. Be prepared to evaluate them and to consider how your students will interpret the information. Also it is important that planning and implementing an AIDS program be a cooperative effort, with administrators, teachers, nurses, parents and community members becoming involved. The success of the effort may depend upon the support of these groups.

If an AIDS curriculum is established, staff members will need to be trained to teach it. They need to examine their own attitudes about sexuality and AIDS. They need to receive accurate and detailed information as well as practice in developing the skills necessary for implementing the curriculum. All staff including teachers, administrators, custodians and clerical should receive basic information about AIDS. Someone in each school should be designated as an AIDS resource person. Those who will actually be teaching about AIDS should receive comprehensive training.

Finally, special counseling and support programs will be needed in the schools to provide assistance to students and teachers who know a child who is dying from AIDS or a child of a family with a member who is dying or has died from AIDS. The teacher's role in the life of such children is primarily one of support. Since all children with AIDS have developmental disabilities which will make them eligible for special education services, special education teachers may be called upon to deal with concepts of death and grief from AIDS as well as the prevention of AIDS for all students. In these cases, close communication and work with other support systems in the school and the child's life will be important.

Deborah Klein Walker has a doctorate in human development from the Harvard Graduate School of Education where she is currently a member of the faculty as well as an Associate Professor in the Harvard School of Public Health. She has broad experience studying special education programs and has written widely about issues which cross cut health and education.

JoEllen Tarallo is a masters-level certified health coordinator with diverse experience in designing and implementing health education programs in schools. She is currently a doctoral candidate at the Harvard Graduate School of Education.

CURRENT CITATIONS

Gong, V., & Rudnick, N. (eds.). **AIDS: Facts and Issues.** Rutgers University Press, New Brunswick, NJ 08903. 1987. 388 p. $10.95. Gong and Rudnick have assembled an array of prominent specialists in the field of AIDS research and treatment, each of whom addresses his/her area of expertise within this comprehensive volume. Subdivisions in **AIDS: Facts and Issues** highlight the clinical spectrum, groups at risk, society's response to AIDS, research on AIDS cure and prevention, and avoiding or coping with AIDS. Of particular note are two quick reference chapters: one synthesizes, in question and answer format, information presented throughout the book; and one lists health resources, hotlines, and referral centers at state and national levels.

National Professional Resources, Inc. **AIDS Education.** A monthly newsletter (1987 - present). National Professional Resources, Inc., P. O. Box 1479, Port Chester, NY 10573. 10 issues for $68.00. This monthly publication focuses on keeping schools informed by presenting current issues, identifying national resources, and disseminating information about programs to combat AIDS. In addition, readers are kept informed as to free resources available. Topics covered include curriculum, grant money, legal and ethical issues, evaluation, legislation, research, networking, employee assistance programs, hot lines, and conferences.

U. S. Department of Education. **AIDS and the Education of Our Children: A Guide for Parents and Teachers.** 1987. 28 p. Available free of charge from Consumer Information Center, Department of Education, Pueblo, CO 81009. This booklet presents guidelines for parents, teachers and other adults to use in teaching children about AIDS. Much of this document focuses on prevention of the spread of AIDS through education. The booklet is divided into three sections. Part one presents facts about AIDS, introducing AIDS as a disease caused by a virus that destroys defenses against infections. Part two discusses protection of children from AIDS, and deals with prevention through teaching good health, morality in personal relationships, resistance to social pressures, and community involvement.

VIDEO

AIDS Afraids: An Educational Perspective focuses on the educational implications of AIDS. The program begins by discussing the history of the disease and then considers the definitions of AIDS, ARC, (AIDS Related Complex), and the AIDS virus as reported by the Center for Disease Control in Atlanta. This is followed by information on how AIDS affects the neurological and immune systems. The narrator makes it clear that the AIDS virus is found predominantly in blood and semen which are considered to be the vehicles of transmission and not usually in saliva, tears, breast milk, or urine. Four routes of transmission (sexual contact, injection, maternal transfer, and transfusion) are explained, and statistics are presented to show the percentage of AIDS victims in the four high risk categories. No transmission is possible through casual contact since the virus is fragile outside of the body and is destroyed by air, heat, alcohol and bleach. The stages of infection are discussed, the ability to infect others, signs and symptoms related to each stage, treatment, and prevention. Included is a booklet of references as well as a resource guide for inservice education on AIDS, which contains objectives, content outline, methods and resources, and eleven transparency masters.

1/2" Videocassette/25 minutes/1986/$40.00
School Nurse Organization of Minnesota, 41 Sherburne Ave., St. Paul, MN 55102.

INSTRUCTIONAL MATERIAL

AIDS: What Young Adults Should Know is a book for junior and senior high school students plus a teacher's guide. The student book discusses AIDS: what causes it, how it is transmitted, what one can do to keep from getting the AIDS virus, AIDS prevention related to sex and drug abuse, and control strategies. Also included are 2 self-tests, a post test, a glossary, and a summary sheet. The teacher's guide contains a series of lesson plans as well as worksheets and handouts.

AAHPERD Publications, P. O. Box 704, Waldorf, MD 20601. 1987. Complete set of Instructor's Guide, 44 p., and 30 Student Guides, 20 p., $38.95.

The Educator's Guide to AIDS and other STD's presents a behavioral approach to teaching prevention strategies within a communicable disease conceptual framework. Abstinence is presented as the most effective way to prevent AIDS and other STD's. Responsible sexual behavior and drug use prevention are also strongly emphasized. The guide is flexible enough to allow for local determination of sensitive issues such as explicit language and controversial subject matter. This guide is composed of six units containing basic information about STD's, student questionnaires and activities and information on additional AIDS materials.

Stephen R. Sroka, Inc., Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107. 1987. $25.00.

Sex, Drugs and AIDS is a book for junior and senior high school students, based on the film by the same title narrated by Rae Dawn Chong. This candid and practical guide speaks to teenagers in their own language about the facts and fallacies of AIDS. It discusses safe contact with others, answers questions about unsafe sexual and drug related behavior, and discusses attitudes toward people with AIDS. Specific topics include transmission of the disease, the five at risk groups, and the use of condoms as a preventative.

ETR Associates, Inc., P.O. Box 1830, Santa Cruz, CA 95061-1830. 1987. 76 p. $3.95.

Understanding AIDS is a book for grades 3 through 6 which explains AIDS in terms of how it is transmitted, its symptoms, and how someone who has the disease might feel. Each of the 7 chapters begins with a case story followed by a factual summary and a series of questions and answers specific to the story's primary topic. Subjects presented include homosexuality, drug abuse, and hemophilia. The book includes a resource list and a glossary.

Lerner Publications Company, 241 First Avenue North, Minneapolis, MN 55401. 1987. 64 p. $9.95.

CURRICULUM GUIDES

AIDS: Health and Safety Curriculum Supplement is an update of the Health and Safety Curriculum, containing objectives about AIDS, "a major health problem of our time." Designed for grades K-12, the instructional unit provides factual information and refrains from making moral judgments. Included are teaching suggestions, resource materials and classroom activities with recommended grade levels for the activities. Pre and post tests are also provided.

Montgomery County Intermediate Unit 23, Learning and Adjustment Program, 1605-B West Main St., Norristown, PA 19403. 1987. 25 p. Available for inspection but not for sale.

AIDS: Proposed Curriculum Guides consists of three curriculum guides, one each for grades 5-6 (27 p.), grades 7-9 (33 p.), and grades 10-12 (49 p.). The guide for grades 5-6 teaches the meaning of the words Acquired Immune Deficiency Syndrome, the causative agent, methods of transmission, prevention/high risk groups, myths concerning its spread, symptoms, effects on the body, treatments and responsible behavior/decisions. It also includes a list of careers for working with AIDS, activities for presenting myths and facts, and a list of pamphlets and resources. The subject matter for the junior high level is the same as for grades 5-6 but in more depth and also covers the stages of AIDS infection, testing, research, and the effects of AIDS on society. It is recommended that the movie "A Letter from Brian" be shown and that the curriculum be covered in from 2 to 4 days. The curriculum guide for grades 10-12 contains guidelines for discussing sexuality and personal problems as well as suggested methods of instruction on AIDS. Public Health Fact Sheets on AIDS, Student Information Sheets, and a list of audio-visual materials are included.

Springfield, MA Health Department, 1414 State St., Springfield, MA 01109.

AIDS: What You and Your Friends Need to Know is a lesson plan for high school health classes designed to be incorporated into existing curricula and to be covered in one or two classroom sessions. Task analysis and objectives are included along with teaching scripts and self-explanatory lesson plans. Slides, transparency materials and a brochure complete the curriculum. Materials in the packet may be reproduced.

Seattle - King County Department of Public Health AIDS Prevention Project, 1116 Summit Ave., Suite 200, Seattle, WA 98101. 1987. 24 p. plus slides, transparency masters. $15.00

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome is a resource guide designed for teachers, youth leaders and health educators as a practical and relevant approach to integrating AIDS information into their existing courses. Straightforward and supportive without being overly technical or explicit, the curriculum is written in language appropriate for teenagers, junior college students and adult community education. In addition to worksheets and teaching plans covering the medical, social and legal aspects of AIDS, **Teaching AIDS** provides suggestions for talking about sexuality in the classroom, trouble-shooting tips for teachers, staying up to date on AIDS information, and AIDS resource listings.

Quackenbush, Marcia & Pamela Sargent. Network Publications, 1700 Mission St., Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830. 1986. 124 p. $14.95.

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Educating students about AIDS is the focus of this issue of the **PRISE reporter**. Included are background materials to assist educators in preparing for AIDS instruction as well as information and strategies to be used directly with the students.

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PRISE reporter
issues and happenings in the education of handicapped students
no. 19, May 1988

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

UPDATE: SPECIAL EDUCATION LAW

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Special education has become one of the most active areas of school law. It is virtually impossible to work effectively in special education without being aware of applicable developments in this fast paced area of law. Failure to stay current can be very costly. For the typical teacher or administrator in this field, keeping up-to-date with these legal developments is essential but not easy. This overview is akin to a nourishing smorgasbord sampler from which you can select according to your needs.

Discipline

If you thought you were legally up-to-date with regard to the federal law regarding discipline, you probably were under the impression that if the student's handicap were related to his/her misconduct, the student could not be expelled (that is, excluded from school for more than 10 days) without exhausting the procedural requirements of the Education of the Handicapped Act (EHA). These include keeping the child "stay put" in his/her then current placement and convening a meeting of the multidisciplinary team to revise the student's IEP. Consider at the same time whether you think you know the answers to these related questions: Is the school district legally required to exhaust these procedures if the child is dangerous? In such a case, who is authorized to determine the requisite degree of dangerousness? Regardless of the student's dangerousness, do suspensions of up to 10 days trigger the procedural provisions of the EHA? Are these provisions triggered by inschool suspensions, timeout, detention, or restriction of privileges?

In *Honig v. Doe* [1] (1988) the Supreme Court recently provided answers that likely differ from your previous understanding of one or more of these questions.

- For exclusions of more than 10 days, the "stay-put" provision and other procedural protections of the EHA apply regardless of whether the misconduct is related to the handicap.
- If the student is clearly a danger to others or to his own safety, the school district may bypass, rather than exhaust, the administrative procedures, and go directly to the court, but the burden is on the district to show clear-cut danger, and only the court may authorize an expulsion in such shortcutted cases.
- The procedural protections of the EHA are not triggered by suspensions of up to 10 days, although state law may provide other limitations.
- Similarly, the less severe forms of discipline, like inschool suspensions, timeout, and detentions, do not trigger the EHA procedures.

Attorneys' Fees

Perhaps the most significant recent development in special education law, in terms of its widespread impact, was the passage in August 1986 of the Handicapped Children's Protection Act (HCPA). This amendment to the EHA reversed the Supreme Court decision of *Smith v. Robinson* (1984). In *Smith* the Court had held that in cases in which a parent was seeking the right to a free appropriate public education under one or more legal bases, such as the equal protection clause of the Fourteenth Amendment or Section 504 of the Rehabilitation Act, in addition to the EHA, the parent was limited to seeking relief under the EHA, which did not authorize awards for attorneys' fees. By reversing *Smith*, the Handicapped Children's Protection Act resulted in two major changes. First, the amendment authorizes courts, in their discretion, to award attorneys' fees (except under certain settlement circumstances) to parents who end up as the "prevailing" party (discussed later in this section) in proceedings that were pending on or initiated after July 4, 1984. Second, where *Smith* had largely restricted special education claims exclusively to the EHA, the amendment opens up wide access to the alternative avenues, such as Sec. 504 of the Rehabilitation Act and Sec. 1983 of the Civil Rights Act.

The clear effect in the short and long run is more litigation in special education. The initial round of court decisions has been hectic. These conclusions appear to be emerging: 1) the HCPA is constitutional; 2) the attorneys' fees part of the amendment extends to due process hearings where there is no judicial appeal except to determine the amount for attorneys' fees; 3) the nonexclusivity part of the amendment (providing alternative avenues) is not retroactive; and 4) attorneys' fee awards are frequent and, for those responsible for school district budgets, frightening. In order to be the "prevailing" party, parents do not necessarily have to win a judgment; they only need, at a minimum, to act as a catalyst that causes the school district to change its policies or practices for any significant claim. Thus, parents may prevail via a settlement. [2] The scope and solidity of these conclusions are subject to further court decisions, but in the long

This issue of the **PRISE reporter** focuses on current legal developments and resources related to the education of handicapped students.

run the amendment provides both the incentive and the avenues for more suits and for more resources allocated to the processing and results of the suits.

"Appropriate Education," "Related Services," and "Least Restrictive Environment"

The courts have addressed the issue of appropriate education through a number of cases, several of which have involved the provision of related services. Also integrally related to the issue of appropriate education is the concept of LRE. In *Rowley* (1982) the Supreme Court provided a low, largely procedural standard for the EHA's requirement of "appropriate education;" in addition to strict compliance with the Act's procedures, school districts need only show that the student's IEP is reasonably calculated to provide *some* benefit to the child. Rejecting the notion that EHA "appropriate education" means developing the full potential or providing the best program for handicapped children, the Court in *Rowley* did not require the school to provide a deaf student in a regular class with an interpreter; the more limited services in her IEP and her passing grades met the limited standard of "some benefit."

In contrast, in *Tatro* (1984) the Court provided a rather expansive interpretation of the EHA's requirement for "related services." [3] Interpreting the EHA's exclusion for medical services to be limited to services that could only be provided by a physician, the Tatro Court ruled that clean intermittent catheterization, which is a relatively simple procedure, qualified as a related service and, thus, must be provided by the school district for a child with spina bifida. For such children, no catheterization would mean no education.

Subsequently, the lower courts have concluded that the EHA incorporates the higher standards of appropriate education that some states (e.g., Massachusetts, which calls for provision of optimal or the best available services) have enacted.[4] The lower courts have also recently concluded that related services include psychotherapy provided by mental health professionals other than psychiatrists and transportation beyond that provided for nonhandicapped students, but not constant in-school nursing care.[5]

Court decisions concerning the EHA's preference for "least restrictive environment" (LRE) or mainstreaming, have been mixed, leading in some cases to a public school placement and in others to a residential placement.[6] LRE has been interpreted as a flexible, continuum-type concept, subject to interpretation in combination with other factors, not as a narrow, overriding mandate for education in regular classrooms for all handicapped children. While in the past decisions have tended to require services deemed appropriate no matter what the cost, more recently a few courts have become more resource-conscious, using a cost-benefit analysis to help determine proper placements in LRE cases.[7]

Monetary Issues

In *Burlington* (1985) the Supreme Court set the basic rule for cases involving private school placements that parents have made unilaterally in spite of the EHA's "stay-put" provision, which requires that the child remain in his/her "then current" placement until the Act's due process procedures have been exhausted. The rule adopted in *Burlington* is that the parents are entitled to tuition reimbursement where the placement that they implemented is judicially found to be appropriate and where that proposed by the school district is not. Subsequently, lower court decisions have expanded such reimbursement to related expenses, such as transportation and tutoring, but have disallowed any reimbursement where the placement was not in a state-approved school. However, the lower courts have thus far stopped short of generally allowing broad, common law compensatory or punitive damages, but the above-mentioned non-exclusivity provision of the HCPA may open the door to such liability.[8]

Similarly, "educational malpractice" has been largely rejected in court cases concerning handicapped students, as it has been in those concerning nonhandicapped students.[9] One of the primary reasons for the rejection of such claims is the notion that a finding of educational malpractice might open up a Pandora's box of costly claims in the academic arena, where the courts have traditionally deferred to the expertise of educators. The result, according to this view, could strain the public purse to the point of breaking.

Miscellaneous Issues

The final dish in this smorgasbord is a potpourri of other issues recently decided by the courts. Students and staff members who have AIDS or other infectious diseases, although not consistently regarded as handicapped under EHA, are protected by Sec. 504. Knee-jerk or politically pushed decisions to exclude such individuals from the public schools have consistently rebounded against districts in court.[10] Students who are handicapped but not in need of special education are much less clearly entitled to legal protection. For example, in a response to a suit initiated on behalf of a six-year-old with juvenile diabetes, the Pennsylvania Department of Education recently issued a policy that would have required all public schools in the state to accommodate the needs of students with chronic medical conditions even though they are not entitled to special education under the EHA. A Pennsylvania judge then issued a preliminary injunction blocking implementation of that policy until the applicability of the state administrative procedures act could be determined.[11]

As for testing handicapped students, the Eleventh Circuit (consisting of the Far West states) has rejected reliance on standardized I.Q. tests for EMR placements in relation to racially heterogeneous handicapped students,[12] but the case law concerning such ability grouping in other jurisdictions has been less restrictive.[13] More strongly, the court decisions concerning competency testing as a prerequisite for an academic diploma have generally not favored handicapped plaintiffs.[14] Districts may choose not to award diplomas to students who do not meet minimum standards (substituting certificates of attendance), but must give sufficient notice before implementing minimum competency requirements (so that students' IEPs can incorporate such goals) and must make reasonable test modifications according to handicapping condition.

Finally, in the absence of federal legislation comparable to the EHA, the rights of gifted students are effectively limited to state law, and courts thus far generally have not been expansive in interpreting these rights.[15]

(Editor's Note: Limited space precludes inclusion of footnotes. However, a copy may be obtained upon request to PRISE, 200 Anderson Road, King of Prussia, PA 19406.)

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FOOTNOTES

[1] 108 S. Ct. 592 (1988), *Education for the Handicapped Law Report*, 1987-1988, *559* , 231-248.

[2] *See, e.g.*, Zirkel, "The Full Employment Act for Attorneys," *Phi Delta Kappan*, 1987, *69*, 165-66; Kearns & Zirkel, "Attorneys' Fees and Exclusivity in Special Education Suits," *West's Education Law Reporter*, 1988, *44*.

[3] *See, e.g.*, Osborne, "Recent Judicial Developments Affecting the EAHCA's Related Services Mandate," *West's Education Law Reporter*, 1985, *26*, 579-84; Zirkel, "Appropriate Education and Related Services for Handicapped Students," *West's Education Law Reporter*, 1985, *22*, 1-10.

[4] *See, e.g.*, David D. v. Dartmouth School Comm., 775 F.2d 411 (1st Cir. 1985), *cert. denied*, 106 S. Ct. 1790 (1986).

[5] *See, e.g.*, Detsel v. Board of Educ., 820 F.2d 587 (2d Cir. 1987); Hurry v. Jones, 734 F.2d 879 (1st Cir. 1984); Max M. v. Illinois State Bd. of Educ., 629 F. Supp. 15004 (N.D. Ill. 1986).

[6] *See e.g.*, Board of Educ. v. Diamond, 808 F.2d 987 (3d Cir. 1986); Mark A. v. Grant Wood, 795 F.2d 52 (8th Cir. 1986).

[7] *See, e.g.*, A. W. v. Northwest R-1 School Dist., 813 F.2d 158 (8th Cir. 1987).

[8] *See, e.g.*, Zirkel & Osborne, "Are Damages Available in Special Education Suits?," *West's Education Law Reporter*, 1987, *42*, 497-508.

[9] *See, e.g.*, DeRosa v. New York City, 517 N.Y.S. 2d 754 (App. Div. 1987); Zirkel, "Educational Malpractice," *West's Education Law Reporter*, 1985, *23*, 453-60.

[10] *See, e.g.*, Arline v. School Bd., 107 S. Ct. 1123 (1987); District 27 Community School Bd. v. Board of Educ., 502 N.Y.S.2d 325 (Sup. Ct. 1986).

[11] Pennsylvania School Bds. Ass'n v. Commonwealth, 24 PSBA SLIE No. 61 (Commw. Ct. 1987).

[12] *See, e.g.*, Larry P. v. Riles, 493 F2d 969 (9th Cir. 1986), EHLR 558:141 (N.D. Cal. 1986).

[13] *See, e.g.*, Georgia State Conference of Branches of NAACP v. Georgia, 775 F.2d 1403 (11th Cir. 1985); PASE v. Hannon, 506 F. Supp. 831 (N.D. Ill. 1980).

[14] Brookhart v. Illinois State Bd. of Educ., 697 F.2d 179 (7th Cir. 1983); Board of Educ. v. Ambach, 469 N.Y.S.2d 669 (1983), *cert. denied*, 465 U.S. 1101 (1984).

[15] *See, e.g.*, Zirkel and Stevens, "The Law Concerning Public Education of Gifted Students," *West's Education Law Reporter*, 1986, *34*, 353-67.

CURRENT CITATIONS

Cullinan, Douglas & Epstein, Michael. **Legal Decisions and Appropriate Education of Seriously Emotionally Disturbed (SED) Students.** *Journal of Special Education*, Summer 1986, 20(2), pp. 265-272. The authors examine legal decisions affecting the eligibility for services, discipline, and related services (such as psychological treatment) for seriously emotionally disturbed students. 1) **Eligibility:** The ways in which key components of the federal definition are being perceived by decisionmakers may impact the prevalence of the SED diagnosis and the kinds of problems shown by students served as SED. Also of significance in the rulings on eligibility are the cases involving substance misuse, and if such misuse may constitute a handicap and therefore eligibility for services. 2) **Discipline:** The discipline decisions seem to indicate that a double standard exists for disciplining handicapped and non-handicapped students. The SED student appears to have a smaller chance of being excluded from school which, in essence, protects SED students from the ordinary consequences of their misbehavior. 3) **Related Services:** Psychological treatment (counseling, guidance, psychotherapy) is a legitimate related service for SED students, but it need not be initiated if the handicapped student is progressing satisfactorily without it.

Johnson, T. P. **The Principal's Guide to the Educational Rights of Handicapped Students.** National Association of Secondary School Principals, Reston, VA. 1986. 60 p. $6.75. This book provides school principals with a concise guide to the legal rights of handicapped students. It presents the background events which led to federal legislation governing handicapped education, including a review of the cases brought in the early 1970's. It outlines the two basic federal laws and the administrative regulations which the executive branch of the government has adopted for enforcement of the laws and the limits on those rights. The balance of the text describes the handicapped child's right to a free and appropriate public education in the least restrictive environment, the right to related services, graduation competencies and extended school year.

Turnbull, H. R. **Free Appropriate Public Education: The Law and Children with Disabilities.** Love Publishing Co., 1777 South Bellaire St., Denver, CO 80222. 1986. 321 p. $29.95. How the nation's public schools have dealt with the challenge of educating children with disabilities in the past and how they must do so under present law is this book's initial focus. The author analyzes the six principles of special education law: 1) zero reject; 2) nondiscriminatory classification; 3) individualized and appropriate education; 4) least restrictive placement; 5) due process; and 6) parent participation. In the last part of the book the author presents the most common objections to these principles and attempts to answer those objections.

RESOURCES

Pennsylvania Special Education Mediation Services

If a parent or school has a dispute over special education services for a child, that parent or school can request the services of this organization. Mediation services are voluntary, there is no cost to either party, the services do not delay nor deny rights to due process, and all information is confidential. For further information contact: Pennsylvania Special Education Mediation Services, Box 130, Marlin, PA 17951. (717) 544-2657, Toll Free: 1-800-992-4334.

DISABILITY LAW BRIEFS is a free quarterly newsletter published by the American Bar Association's Commission on the Mentally Disabled. The purpose of this publication is to inform lawyers, disability professionals and the interested public of useful disability-related publications, articles, and legal education programs. Information on meetings, publications, or items of interest are welcomed and will be included as space permits. This newsletter can be obtained by contacting: American Bar Association, Commission on the Mentally Disabled, 1800 M St. NW, Washington, DC 20036. (202) 331-2240.

The Rights of Handicapped Children. 1987. Education Law Center, Inc., Philadelphia, PA. This handbook reviews the law concerning the right to special education as well as major issues in special education law, outlines that which is involved in representing the client, provides sample forms, discusses issues in estates and trusts for individuals with handicaps, and contains five appendices on regulations concerning the rights of individuals with disabilities. To order, contact: The Pennsylvania Bar Association, Committee on the Rights of Exceptional Children, 100 South Street, P.O. Box 186, Harrisburg PA 17108. (717) 238-6715. $45.00.

Stotland, J. F., Esq., & Ellen Mancuso. **The Right to Special Education in Pennsylvania. A Guide for Parents.** 1986. Education Law Center, Inc., Philadelphia, PA. This guide explains how the special education process ought to work according to Pennsylvania law and two important federal laws: the Education For All Handicapped Children Act of 1975 and Section 504 of the Rehabilitation Act of 1973. The guide defines basic terms and concepts; describes the rights of exceptional children; and explains the process by which children are evaluated, programs are developed and placements are made. In addition there is a list of advocacy groups which may be able to assist parents through the different stages of the special education process.

Copies of this publication may be ordered from: Education Law Center, Inc., 2100 Lewis Tower Bldg., 225 So. 15th St., Philadelphia, PA 19102. (215) 732-6655. Single copies are available to parents and advocates without cost, bulk orders at a cost of $3.00 per copy, plus postage.

DATABASES

SpeciaLAW

SpeciaLAW is a full text, computerized database of special education legislation, regulations, litigations, and administrative interpretations. Available through SpecialNET, it can be searched using key words, and it is updated within 72 hours of a change. The initial SpeciaLAW library consists of key legislation and regulations; administrative interpretations and court decisions are being added. Cost involves an initial one-time subscription fee of $200.00 and connect costs of $55.00 per hour

(billed in increments of 1 second). Contact: Jim Rosenfeld, SpeciaLAW, EDLAW, Inc., 1101 King St., #601, Alexandria, VA 22314. (703) 838-5559.

Commission on the Mentally Disabled, American Bar Association. Beginning September 1, 1988, the following on-line databases will be available:

• **Mental and Physical Disability Law Reporter (MPDLR) Case Citations.** Citations for about 8700 cases covered in this journal from 1976 to present and about 1100 per year thereafter will be available alphabetically, by subject matter index (up to 4 subject matter designations drawn from 250 different topic areas) or by jurisdiction.

• **MPDLR Case Summaries.** All case summaries published in the journal from 1976 to present will be searchable by case name, subject matter index, or jurisdiction. Full text retrieval of decisions will also be available.

• **MPDLR Feature Articles.** Abstracts of all disability law related articles, publications, and special features covered in this database will be available by author, title and subject matter indexes.

• **Legal Brief Bank.** Abstracts of briefs, pleadings, case filings, and consent decrees will be subject-indexed; full text retrieval of documents will be available.

The annual subscription charge will be $75.00. Per hour fees will be set at $35.00 - $50.00 per hour, with a $10.00 - $15.00 minimum fee. Contact: Gail Vallot, Commission on the Mentally Disabled, American Bar Association, 1800 M St., NW, Washington, DC 20036. (202) 331-5886.

National Center for Youth with Disabilities - CYDLINE

Developed by the University of Minnesota, this on-line database consists of four files related to the transition of youths with disabilities from school to the workplace and independent living. Beginning in December, 1988, a legal file is being added to the database. Depending upon the complexity of the search request, costs will range from $20.00 to $30.00 for the legal file, or $45.00 per hour with a minimum charge of $16.00, and somewhat less for the other files. Contact: Gayle Geber, National Center for Youth with Disabilities, Adolescent Health Program, University of Minnesota, Box 721-UMHC, Harvard St. at East River Rd., Minneapolis, MN 55455. (612) 626-2825, (800) 333-NCYD.

VIDEO

The U. S. Department of Education's Office of Civil Rights has produced three videocassettes on the provisions of the Rehabilitation Act of 1973, specifically Section 504. All three programs are captioned for the hearing impaired and are narrated by stars such as David Rappaport and Richard Thomas. The first program discusses equality in education from preschool through adulthood, integration with nonhandicapped peers, evaluation of student needs, and the provision of activities at all levels. A preschool program that prepares handicapped and nonhandicapped children for regular kindergarten placement is featured. Part 2 views the education of handicapped students with their nonhandicapped peers through the eyes of four students and their parents. Part 3 emphasizes the law as it applies to colleges and universities, with four students discussing their schools' responses to their needs.

3 1/2" VHS videocassettes
Part 1, 1987/color/25 minutes; Part 2, 1987/color/36 minutes; Part 3, 1988/37 minutes.
Available for preview and duplication from U.S. Department of Education, Office for Civil Rights, Region III, P.O. Box 13716, Philadelphia, PA 19101. (215) 596-6791.

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